

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

233057
BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION CENTER SHEET

DOCKET
NUMBER: 2011 - 447 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Wanda GreenTelephone: 803-238-2420

Address: 104 HOPE CREEK DR
IRMO, SC 29063

Fax: 803-207-9377Other: 803-207-9177Email: 426-2906 @aol.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted☐ Application - Class C Taxi☐ Application - Class C Charter☐ Application - Class C Charter Bus☒ Application - Class C Non-Emergency☐ Application - Class C Stretcher Van☐ Application - Class E Household Goods☐ Application - Class E Hazardous Waste☐ Application☐ Request for Extension to Comply with Order☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded☐ Request for Cancellation of Certificate☐ Request for Suspension☐ Request for Reinstatement☐ Request for Name Change on Certificate☐ Request to Amend Scope of Authority☐ Request to Amend Tariff (rate increase, etc.)☐ Request to Amend Passenger Limit☐ Request☐ Exhibit☐ Late-Filed Exhibit☐ Letter☐ Proposed Order☐ Publisher's Affidavit☐ Reservation Letter☐ Response☐ Return to Petition☐ Other: _____

RECEIVED

OCT 25 2011

PSC SC
MAIL / DMS

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

Handwritten signature/initials in a circle.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER

CLASS C - NON-EMERGENCY

Date: _____

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Lawrence Green d/b/a SNF Transportation

810 Dutch Square Center
Street Address of Applicant

104 HOPE CREEK DRIVE, SC 29063
Mailing Address of Applicant (if different from street address)

803-807-9177 803-807-9377
Phone Fax

Wanda@SNFinnovativeBilling.com
Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☐ Individual Owner/Sole Proprietorship
☒ Partnership - List names and address of all person having an interest in the business.
☐ Corporation - List names and addresses of two principal officers.

Lawrence Green - 104 HOPE CREEK Drive Trmo, SC

Wanda Green - 104 HOPE CREEK Drive Trmo, SC - 29063

Applicant is financially able to furnish the services as specified in this application and submit the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:
Month _____ Year _____

Assets:

Cash	2350.00
Receivables	8000.00
Real Estate	
Buildings and Equipment (Net)	
Motor Vehicles (Net)	15,000.00
Garage Equipment (Net)	
Machinery and Tools (Net)	
Supplies on Hand	7000.00
Prepays and Other Assets	
Total Assets *	32,350.00
<u>Liabilities and Equity:</u>	
Accounts Payable	400.00
Notes Payable	
Mortgages Payable	
Equipment Obligations	
Accrued Salaries and Wages	3600.00
Other Accrued Obligations	
Other Liabilities	1000.00
Total Liabilities	5000.00
Capital Stock	
Retained Earnings	
Total Equity	
Total Liabilities and Equity *	

* Total Assets = Total Liabilities and Equity

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges (List only maximum charges per mile or trip, and/or daily rate):

Medicare's Free Schedule Amount.
(Industry Standard)

\$8.00 - first 5 miles

\$1.35 - for miles 6 thru 21

\$1.20 per mile for each additional mile over 22 miles

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.
You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- | | | | | |
|-------------------------------------|---|-------------------------------------|---|--|
| <input type="checkbox"/> Abbeville | <input type="checkbox"/> Cherokee | <input type="checkbox"/> Florence | <input type="checkbox"/> Lee | <input type="checkbox"/> Saluda |
| <input type="checkbox"/> Aiken | <input type="checkbox"/> Chester | <input type="checkbox"/> Georgetown | <input checked="" type="checkbox"/> Lexington | <input type="checkbox"/> Spartanburg |
| <input type="checkbox"/> Allendale | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion | <input checked="" type="checkbox"/> Sumter |
| <input type="checkbox"/> Anderson | <input type="checkbox"/> Clarendon | <input type="checkbox"/> Greenwood | <input type="checkbox"/> Marlboro | <input type="checkbox"/> Union |
| <input type="checkbox"/> Bamberg | <input type="checkbox"/> Colleton | <input type="checkbox"/> Hampton | <input type="checkbox"/> McCormick | <input type="checkbox"/> Williamsburg |
| <input type="checkbox"/> Barnwell | <input type="checkbox"/> Darlington | <input type="checkbox"/> Horry | <input type="checkbox"/> Newberry | <input type="checkbox"/> York |
| <input type="checkbox"/> Beaufort | <input type="checkbox"/> Dillon | <input type="checkbox"/> Jasper | <input type="checkbox"/> Oconee | |
| <input type="checkbox"/> Berkeley | <input type="checkbox"/> Dorchester | <input type="checkbox"/> Kershaw | <input type="checkbox"/> Orangeburg | <input type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun | <input type="checkbox"/> Edgefield | <input type="checkbox"/> Lancaster | <input type="checkbox"/> Pickens | |
| <input type="checkbox"/> Charleston | <input checked="" type="checkbox"/> Fairfield | <input type="checkbox"/> Laurens | <input checked="" type="checkbox"/> Richland | |

DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

- ☒ 1-7 Passengers, including driver
☐ 8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT	WHEEL-CHAIR LIFT
GMC 2003	2003 SAVANNA	1GJH39U531203950		YES

INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. **THIS IS ONLY A QUOTE.**

The following insurance quote is for:

Solutions For Innovative Transportation

Lawrence Green dba (SNF) Transportation

Name of Applicant

810 Dutch Square Blvd. Suite 390 Columbia, SC 29210

Address of Applicant

Amount of Premium:

Liability Insurance \$ *6,684*

The above quoted premium is for a term of *12* months.

Minimum Limits - Bodily injury and property damage limits will not be less than the following:

Limit: Quoted

Liability Combined Each Occurance	\$ 1,000,000	<i>1,000,000</i>
Medical Payments per Person	\$ 1,000	<i>1,000</i>

Columbia Insurance Company

Name of Insurance Company

4725 Piedmont Road Dr. Charlotte, NC 28210

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

10/18/11

Date

[Signature]

Authorized Insurance Company Representative Signature

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Exhibit Fit, Willing, and Able (FWA)Wanda Green

Name

U.S.D.O.T No.

ICC No.

1. Is there currently any outstanding judgments against the Applicant?

☒ Yes☐ No

If Yes, indicate nature of judgement(s) against applicant.

There was a state tax judgement, which has been satisfied.

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes☐ No


Exhibit on Driver Qualifications

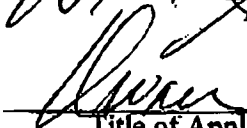
1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.
- ☒ Yes ☐ No
2. Applicant understands that drivers must be in compliance with all OSHA regulations.
- ☒ Yes ☐ No
3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.
- ☒ Yes ☐ No
4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.
- ☒ Yes ☐ No
5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.
- ☒ Yes ☐ No
6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.
- ☒ Yes ☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto and hereby promises compliance therewith.

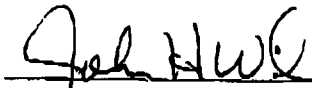
The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.


Applicant's Signature


Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)
COUNTY OF Richland)

SWORN TO BEFORE ME
This 12 day of October, 2011


Notary Public

Commission Expires 4-1-14



DeSanty, Tricia

From: wg29063@aol.com
Sent: Wednesday, October 26, 2011 9:46 AM
To: DeSanty, Tricia
Subject: Fwd: Class C (Non-Emergency) Application - Lawrence Green d/b/a SNF Transportation
Attachments: CLASS_C_(NON-EMERGENCY)_APPLICATION_001.jpg; CLASS_C_(NON-EMERGENCY)_APPLICATION_002.jpg

Good morning Trisha,

On the application, please put Lawrence Green, DBA AS SNF Transportation.

Thank you in advance.

Wanda Green

*SNF Innovative Billing Solutions
Managing Partner
(803) 807-9177 Office
(803) 546-0950 Cell*

-----Original Message-----

From: wg29063 <wg29063@aol.com>
To: Tricia.DeSanty <Tricia.DeSanty@psc.sc.gov>
Sent: Fri, Oct 21, 2011 3:05 pm
Subject: Re: Class C (Non-Emergency) Application - Lawrence Green d/b/a SNF Transportation

Attached you will find the ammended information - Thanks you for all your help.
If there is anything else that you may need feel free to contact me via telephone or email.

Lawrence Green

*Managing Partner
(803) 807-9177 Office
(803) 238-2480 mobile*

-----Original Message-----

From: DeSanty, Tricia <Tricia.DeSanty@psc.sc.gov>
To: wg29063 <wg29063@aol.com>
Cc: Schmieding, Janice <Janice.Schmieding@psc.sc.gov>; jnelson <jnelson@regstaff.sc.gov>; Chauvin, Carole <cchauvi@regstaff.sc.gov>
Sent: Fri, Oct 21, 2011 11:46 am
Subject: FW: Class C (Non-Emergency) Application - Lawrence Green d/b/a SNF Transportation

Dear Ms. Green:

I am resending this email (please see below) to the email address that Mr. Lawrence Green provided to me.

Sincerely,

RECEIVED
OCT 26 2011
PSC SC
MAIL / DMS

Tricia DeSanty

Admin. Coordinator I

Clerk's Office

Public Service Commission of SC

803-896-5125

tricia.desanty@psc.sc.gov

From: DeSanty, Tricia

Sent: Wednesday, October 19, 2011 11:59 AM

To: 'wanda@snfinnovativebilling.com'

Cc: jnelson@regstaff.sc.gov; Schmieding, Janice; 'Chauvin, Carole'

Subject: Class C (Non-Emergency) Application - Lawrence Green d/b/a SNF Transportation

Importance: High

Dear Ms. Green:

We have received and reviewed your Class C (Non-Emergency) Application. Two items need to be revised, they are:

- (1) Would you please clarify the name you wish to have on your Certificate (page 1, item 1). Your insurance quote indicates the name to be: "Lawrence Green d/b/a SNF Transportation". I have attached Page 1 for you to make the correction.
- (2) Page 3 – "Proposed Rates and Charges for Service" – you need to list actual proposed rates here or a maximum rate – you may attach a schedule, if needed. I have attached Page 3 for your convenience.
- (3) Once we receive these updates, we will be able to continue processing your application. You may either email it back to me or fax it to 803-896-5199. If we do not receive this information within a couple of days, I will be required to return your application to you.

Sincerely,

Tricia DeSanty

Admin. Coordinator I

Clerk's Office

Public Service Commission of SC

803-896-5125

tricia.desanty@psc.sc.gov